

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

40636

File No. \_\_\_\_\_  
Registered No. 848  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Darden & Park

2. FULL NAME

Francis Novella Bright

(a) Residence, No. Division 2 Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Springfield

13. NAME Frank Bright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Artie Alken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Frank Bright (ADDRESS) Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Hill DATE 12-7-31

19. UNDERTAKER William L. Stange (ADDRESS) Springfield

20. FILED 12-7-31 Lon Sharp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on Dec 7, 1931. Death is said

to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

Lack of care Date of onset

no Physician in attendance

Other contributory causes of importance: 159

no Prematurity. Twin

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Anna C. Stone, \_\_\_\_\_, M. D.

(Address) Springfield, Mo.

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